

CLAIMS

1. The subject is about trapping myoglobin from venous blood in case of rhabdomyolysis due to acute limb ischemia or traumas, by introducing a filter to the venous circulation percutaneously through the internal jugular vein. The filter is coated with antimyoglobin antibodies to trap the myoglobin molecules until the filter is saturated or until danger is over then it is removed.
2. As mentioned above, the introduction of the filter through the internal jugular vein is a simple procedure can be done by any doctor or first-aid man in the accident location with no need to transport the victim.
3. Efficiency of the filter is better than the other methods because it depends on picking myoglobin molecules up before they cause their harmful effect instead of waiting for the occurrence of that effect to treat.
4. The functionally active area of the filter is all of its surface area already present in the blood stream from its point of insertion into the internal jugular vein and until its tip that's because it doesn't only trap myoglobin from blood returning from the affected limb, but also from blood returning in the major circulation from all over the body through the venae cavae, right atrium, and even the femoral vein.
5. As the filter is removed in short time, it doesn't cause any complications or side effects as anaphylaxis or thrombosis.
6. the process of introducing & removing the filter is a Percutaneous procedure with out any maneuver harder than

introducing central venous cannula which is already routinely carried out in such cases.